

TFP – NEW YORK
122 EAST 42ND STREET, SUITE 3200
NEW YORK, NEW YORK 10168

Application for Admission
Transference-Focused Psychotherapy
Consultation and Training Groups

Instructions:

- 1 . Please complete this application legibly in ink.
2. A payment for \$50 payable to TFP – New York is required. This fee covers part of the cost of processing your application and therefore is not refundable. The application fee should be submitted via paypal to tfpnewyork@gmail.com.
3. Applicants should prepare a *single PDF* including:
 - The completed application;
 - Proof of active malpractice insurance coverage;
 - Copy of licensure;
 - Updated CV;
 - Two letters of recommendation on official letterhead of the recommender.

The completed PDF should be sent via to Dr. Barry L. Stern at bs2137@cumc.columbia.edu.

Application checklist:

1. Completed application form.
2. Copy of active malpractice insurance (A copy of the face sheet of your insurance policy should contain the necessary information for proof of malpractice coverage).
3. Copy of licensure.
4. An up-to-date CV.
5. Two letters of reference submitted by your recommenders.
6. Application fee submitted via paypal.

Applications will not be completed until ALL materials are received by Dr. Stern.

Note: Application deadline is July 15, 2022.

Application for:

_____ One Year TFP Training Course (*on Zoom*).

Wednesdays 9'30 – 11'00 a.m.
Monica Carsky, Ph.D. & Joanna Bird, M.D.

_____ Consultation Group (select *one* preference from the three sections, ***all on Zoom***)

_____ Section 1: Tuesday 10 – 11 am; Kevin Meehan, Ph.D. & Barry Stern, Ph.D.

_____ Section 2: Monday 1 – 2 pm; Eric Fertuck, Ph.D. & Eugenia Cherkasskaya, Ph.D.

_____ Section 3: Friday 2-3 pm; Jill Delaney, LCSW & Peter Freed, M.D.

****Note:** In order to optimize the training experience, group assignments will be determined by the instructors based on a variety of factors including level of overall clinical experience, level of experience treating personality disorders, and the extent of prior training and overall demonstrated interest in TFP. Although we will attempt to honor your preference, it is quite likely that we will not be able to accommodate your preferred time.

Date _____

1. Name _____

2. Degree _____

2. Current Mailing/Office

Address _____

City State Zip Code

Telephone _____

3. Permanent Home Address

Address _____

City State Zip Code

Telephone _____

4. E-mail address _____

5. Day, Month, & Year of Birth _____ Age _____

6. Current Position

7. Medical School/Graduate School _____
Year Graduated _____
Degree _____

8. Residency /Psychology/Social Work Internship _____
Year Graduated _____

9 Years in Psychotherapy Practice (if applicable) _____
Current Hours/Week _____

10. Please describe your level of experience working with patients with severe personality disorders.

11. Please describe your goals for the TFP training.

12. Treating TFP Patients

- a. How many patients have treated for more than six months in TFP (twice-weekly cases) _____

For each of these cases, up to 3 cases (the longest you have treated in TFP, please indicate how many months they were in twice-weekly TFP):

Case 1 _____ months

Case 2 _____ months

Case 3 _____ months

- b. Do you currently have a patient in twice-weekly TFP treatment?

_____ Yes

If yes, for how many months has this patient been in TFP treatment with you? _____ / months

_____ No

13. Are you in personal therapy or analysis? Yes ____ No ____

14. Have you previously been in personal therapy or analysis? Yes ____ No ____

Please list the names and addresses of:
DIRECTOR OF RESIDENCY
OR INTERNSHIP TRAINING

SUPERVISOR #1

SUPERVISOR #2
